



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E452095**

|                                      |   |   |
|--------------------------------------|---|---|
| INTERSTATE <input type="checkbox"/>  | CITY STREET <input checked="" type="checkbox"/> | FIRE RESULTED <input type="checkbox"/>      |
| STATE ROUTE <input type="checkbox"/> | OTHER <input type="checkbox"/>                  | STOLEN VEHICLE <input type="checkbox"/>     |
| COUNTY RD <input type="checkbox"/>   | PRIVATE WAY <input type="checkbox"/>            | HIT & RUN INVOLVED <input type="checkbox"/> |

|                     |                 |               |
|---------------------|-----------------|---------------|
| CASE #              | <b>15-02025</b> |               |
| LOCAL AGENCY CODING |                 |               |
| TOTAL # OF UNITS    | <b>01</b>       | OBJECT STRUCK |

|                    |  |
|--------------------|--|
| TRIBAL RESERVATION |  |
|--------------------|--|

|   |             |           |       |             |
|---|-------------|-----------|-------|-------------|
| M M D D Y Y Y Y                         | TIME (2400) | COUNTY #  | MILES | CITY #      |
| DATE OF COLLISION <b>08 - 13 - 2015</b> | <b>1833</b> | <b>31</b> |       | <b>0664</b> |

|                          |  |   |
|--------------------------|--|---|
| ON (PRIMARY TRAFFIC WAY) | INTERSECTION <input checked="" type="checkbox"/> | NON-INTERSECTION <input type="checkbox"/>                 |
| <b>99TH AVENUE NE</b>    |  | BLOCK NO. <input checked="" type="checkbox"/> <b>2700</b> |
|                          |  | MILE POST <input type="checkbox"/>                        |

|                       |                                |
|-----------------------|--------------------------------|
| DISTANCE              | OF (REFERENCE OR CROSS STREET) |
| <b>28TH STREET NE</b> |                                |

|         |   |                                      |  |       |
|---------|---|--------------------------------------|--|-------|
| UNIT 01 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | DAMAGE THRESHOLD MET <input checked="" type="checkbox"/> | PHONE |
|---------|---|--------------------------------------|--|-------|

|           |              |            |                |                |          |
|-----------|--------------|------------|----------------|----------------|----------|
| LAST NAME | <b>BROWN</b> | FIRST NAME | <b>PATRICK</b> | MIDDLE INITIAL | <b>W</b> |
|-----------|--------------|------------|----------------|----------------|----------|

|                    |                   |
|--------------------|-------------------|
| STREET NEW ADDRESS | <b>3017 101ST</b> |
|--------------------|-------------------|

|      |                     |    |           |     |              |
|------|---------------------|----|-----------|-----|--------------|
| CITY | <b>LAKE STEVENS</b> | ST | <b>WA</b> | ZIP | <b>98258</b> |
|------|---------------------|----|-----------|-----|--------------|

|     |              |              |
|-----|--------------|--------------|
| GDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

|                    |                      |       |           |     |          |                 |                       |
|--------------------|----------------------|-------|-----------|-----|----------|-----------------|-----------------------|
| DRIVER'S LICENSE # | <b>BROWN PW301BG</b> | STATE | <b>WA</b> | SEX | <b>M</b> | D.O.B. MMDDYYYY | <b>01 - 07 - 1970</b> |
|--------------------|----------------------|-------|-----------|-----|----------|-----------------|-----------------------|

|                                  |        |                 |                 |                |                     |                       |                                |
|----------------------------------|--------|-----------------|-----------------|----------------|---------------------|-----------------------|--------------------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG <b>2</b> | RESTR. <b>9</b> | EJECT <b>3</b> | HELMET USE <b>1</b> | INJURY CLASS <b>6</b> | NATURE OF INJURIES             |
|                                  |        |                 |                 |                |                     |                       | <b>SHOULDER PAIN, RIB PAIN</b> |

|                 |               |       |           |      |                          |
|-----------------|---------------|-------|-----------|------|--------------------------|
| LICENSE PLATE # | <b>3C1924</b> | STATE | <b>WA</b> | VIN# | <b>JYARN13E05A014029</b> |
|-----------------|---------------|-------|-----------|------|--------------------------|

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

|           |             |      |             |       |             |       |           |   |          |   |
|-----------|-------------|------|-------------|-------|-------------|-------|-----------|---|----------|---|
| VEH. YEAR | <b>2005</b> | MAKE | <b>YAMA</b> | MODEL | <b>YZF-</b> | STYLE | <b>RS</b> | VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | TOWED BY | GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-----------|-------------|------|-------------|-------|-------------|-------|-----------|---|----------|---|

REGISTERED OWNER INFO. OWNED BY DRIVER

|  |                         |            |        |
|--|-------------------------|------------|--------|
| LIABILITY INSURANCE IN EFFECT <input type="checkbox"/> | INSURANCE CO & POLICY # | CITATION # | CHARGE |
| VEHICLE LEGALLY STOPPED <input type="checkbox"/>       |                         |            |        |



|         |  |                                      |                                     |   |   |       |
|---------|--|--------------------------------------|-------------------------------------|---|---|-------|
| UNIT 02 | MOTOR VEHICLE <input type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | PROPERTY OWNER <input type="checkbox"/> | DAMAGE THRESHOLD MET <input type="checkbox"/> | PHONE |
|---------|--|--------------------------------------|-------------------------------------|---|---|-------|

|           |  |            |  |                |  |
|-----------|--|------------|--|----------------|--|
| LAST NAME |  | FIRST NAME |  | MIDDLE INITIAL |  |
|-----------|--|------------|--|----------------|--|

|                    |  |
|--------------------|--|
| STREET NEW ADDRESS |  |
|--------------------|--|

|      |  |    |  |     |  |
|------|--|----|--|-----|--|
| CITY |  | ST |  | ZIP |  |
|------|--|----|--|-----|--|

|     |              |              |
|-----|--------------|--------------|
| GDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

|                    |  |       |  |     |  |                 |  |
|--------------------|--|-------|--|-----|--|-----------------|--|
| DRIVER'S LICENSE # |  | STATE |  | SEX |  | D.O.B. MMDDYYYY |  |
|--------------------|--|-------|--|-----|--|-----------------|--|

|                                  |        |        |        |       |            |              |                    |
|----------------------------------|--------|--------|--------|-------|------------|--------------|--------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | RESTR. | EJECT | HELMET USE | INJURY CLASS | NATURE OF INJURIES |
|                                  |        |        |        |       |            |              |                    |

|                 |  |       |  |      |  |
|-----------------|--|-------|--|------|--|
| LICENSE PLATE # |  | STATE |  | VIN# |  |
|-----------------|--|-------|--|------|--|

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

|           |  |      |  |       |  |       |  |  |          |  |
|-----------|--|------|--|-------|--|-------|--|--|----------|--|
| VEH. YEAR |  | MAKE |  | MODEL |  | STYLE |  | VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/> | TOWED BY | GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/> |
|-----------|--|------|--|-------|--|-------|--|--|----------|--|

REGISTERED OWNER INFO.

|  |                         |            |        |
|--|-------------------------|------------|--------|
| LIABILITY INSURANCE IN EFFECT <input type="checkbox"/> | INSURANCE CO & POLICY # | CITATION # | CHARGE |
| VEHICLE LEGALLY STOPPED <input type="checkbox"/>       |                         |            |        |



|                        |                      |               |            |        |                  |
|------------------------|----------------------|---------------|------------|--------|------------------|
| OFFICER'S NAME (PRINT) | <b>R. RUTHERFORD</b> | BADGE OR ID # | <b>130</b> | AGENCY | <b>WA0311900</b> |
|------------------------|----------------------|---------------|------------|--------|------------------|



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E452095**

CASE # **15-02025**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

|                                       |                                  |        |  |              |  |        |  |        |  |       |                    |                 |                    |
|---------------------------------------|----------------------------------|--------|--|--------------|--|--------|--|--------|--|-------|--------------------|-----------------|--------------------|
| NAME<br>(LAST, FIRST, MIDDLE INITIAL) |                                  |        |  |              |  |        |  |        |  |       |                    |                 |                    |
| ADDRESS & PHONE #                     |                                  |        |  |              |  |        |  |        |  | SEX   | D.O.B.<br>MMDDYYYY |                 |                    |
| PASSENGER <input type="checkbox"/>    | WITNESS <input type="checkbox"/> | UNIT # |  | SEAT<br>POS. |  | AIRBAG |  | RESTR. |  | EJECT | HELMET<br>USE      | INJURY<br>CLASS | NATURE OF INJURIES |
| NAME<br>(LAST, FIRST, MIDDLE INITIAL) |                                  |        |  |              |  |        |  |        |  |       |                    |                 |                    |
| ADDRESS & PHONE #                     |                                  |        |  |              |  |        |  |        |  | SEX   | D.O.B.<br>MMDDYYYY |                 |                    |
| PASSENGER <input type="checkbox"/>    | WITNESS <input type="checkbox"/> | UNIT # |  | SEAT<br>POS. |  | AIRBAG |  | RESTR. |  | EJECT | HELMET<br>USE      | INJURY<br>CLASS | NATURE OF INJURIES |
| NAME<br>(LAST, FIRST, MIDDLE INITIAL) |                                  |        |  |              |  |        |  |        |  |       |                    |                 |                    |
| ADDRESS & PHONE #                     |                                  |        |  |              |  |        |  |        |  | SEX   | D.O.B.<br>MMDDYYYY |                 |                    |
| PASSENGER <input type="checkbox"/>    | WITNESS <input type="checkbox"/> | UNIT # |  | SEAT<br>POS. |  | AIRBAG |  | RESTR. |  | EJECT | HELMET<br>USE      | INJURY<br>CLASS | NATURE OF INJURIES |

NARRATIVE

Vehicle 1, a single occupant motorcycle was travelling south bound on 99th Avenue NE in the 2800 blk. The roadway is a two lane, undivided, roadway with a long sweeping corner. The driver of vehicle 1 told aid crews that a vehicle had crossed the center line and he went off the roadway. The driver of vehicle 1 went down a driveway where the motorcycle tires caught on a 6 inch raised portion of the driveway edge. The driver of vehicle 1 lost control, laying the motorcycle down on the right side. There were no witnesses to the collision and no description of the vehicle that driver 1 claimed crossed the center line. Driver transported by aid to the hospital. Driver 1 not endorsed for two wheeled motorcycle.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**R. RUTHERFORD**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**08-15-15 03:37 AM**

DATED

PLACE SIGNED

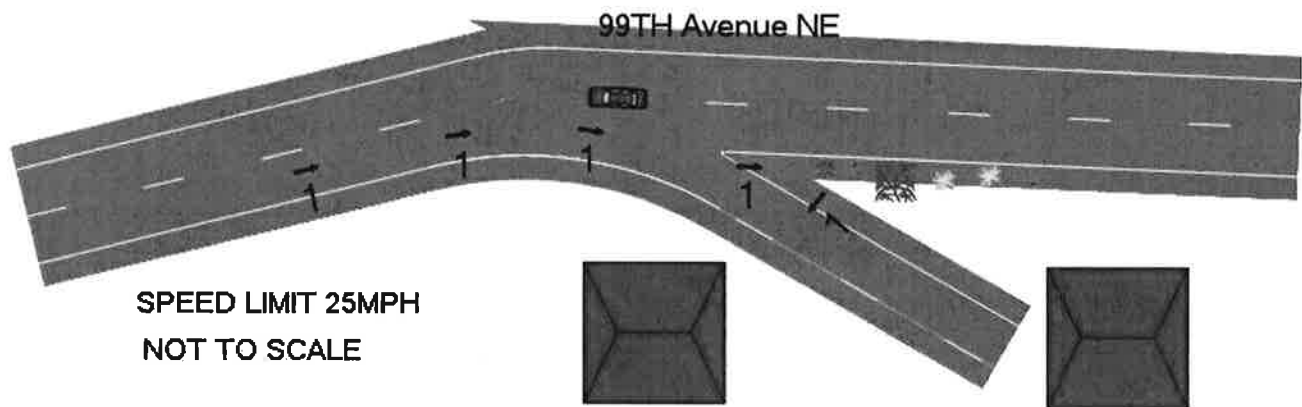
APPROVED BY

**SGT. C. VALVICK 71**

DATE

**8/15/2015 5:56:31 AM**

|               |            |       |                  |                        |                |                     |                |
|---------------|------------|-------|------------------|------------------------|----------------|---------------------|----------------|
| BADGE OR ID # | <b>130</b> | ORI # | <b>WA0311900</b> | TIME POLICE DISPATCHED | <b>6:34 PM</b> | TIME POLICE ARRIVED | <b>6:38 PM</b> |
|---------------|------------|-------|------------------|------------------------|----------------|---------------------|----------------|































Incident History for: #SS15016199 Xref: #AG15002453

Case Numbers: \$SS15002025

Entered 08/13/15 18:33:48 BY SPCT03 SP0393  
Dispatched 08/13/15 18:34:19 BY SPDP17 SP0333  
Enroute 08/13/15 18:34:19  
Onscene 08/13/15 18:38:37  
Closed 08/13/15 19:03:23

Initial Type: COLP Initial Alarm Level: Final Alarm Level:

Final Type: COLP (COLLISION, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS001 Fire BLK: AG1619 Map Page: 377F-5 Group: SS1 Beat: NORT

Src: 9

Loc: 2732 99 AV NE ,LKS btwn LUNDEEN PARK WY & SR 92 (V)

Loc Info:

Name: GRAFE, JANA

Addr:

Phone: 4253597195

/1833 (SP0393) ENTRY ,CC, NOW, MC CRASH , INJ,  
/1834 (SP0333) AGCADV ,BCST  
/1834 VIEWED  
/1834 DISPER 19N3 #SS130 RUTHERFORD, OFCR (RICH)  
/1834 (SP0323) SUPP TYP: COL,  
TXT: MC DOWN, INJ TO SHOULDER, CON S  
SRC: T --> 9  
/1833? CHANGE  
/1838 (SS130 ) \*ONSCNE 19N3  
/1841 (\*\*\*\*\*) REMINQ 19N3 3C1924  
/1841 (SP0333) REMINQ 19N3 LIC, 19N3, 3C1924, ,,  
/1851 (SS130 ) REMINQ 19N3 MDTWANT, , , , , , WA, BROWNPW301BG, , , , , , X, , , , ,  
/1901 (SP0333) REMINQ 19N3 VEH, 19N3, , , , , , JYARN13E05A014029, , , , , , , , , ,  
/1901 (\*\*\*\*\*) REMINQ 19N3 3C1924  
/1901 (SP0333) REMINQ 19N3 LIC, 19N3, 3C1924, , ,  
/1903 ASNCAS 19N3 \$SS15002025  
/1903 CLEAR 19N3 D/H  
/1903 CLOSE 19N3